

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591417

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			2			
4			2			
5			2			
6			2			
7			2			
8			2			
9			2			
10			2			
11			2			
12			2			
13			2			
14			0			
15			0			
16			0			
17			0			
18			2			
19			2			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			2			
27			2			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
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40			1			
41			1			
42			1			
43			1			
44			1			
45						
46						
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			55			
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						